

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10629760
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	3					
5	9					
6	3					
7	3					
8	3					
9	1					
10	3					
11	3					
12	2					
13	①					
14						
15						
16						
17	3					
18	3					
19	3					
20	3					
21	3					
22	3					
23	3					
24	1					
25	1					
26	1					
27	1					
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						